

COMMISSION ON TEACHER CREDENTIALING



APPLICATION FORM

For the Bilingual Certification Advisory Work Group

Complete this application form, and attach a résumé, curriculum vitae, completed Nomination Form, and any other documents that support your application (e.g., letters of recommendation). Return application materials to: Susan Porter, California Commission on Teacher Credentialing, 1900 Capitol Avenue, Sacramento, CA 95814. **Applications are due no later than July 8, 2005.**

PART 1: General Educational Background and Experience

Name of Applicant (Include Dr./Mr./Ms.):	
Nominated by: <input type="checkbox"/> Self <input type="checkbox"/> Other (indicate name of individual and agency or school nominator represents):	
School/Institution Name:	
School District Name (if applicable):	
School/District/Institution Address:	
Home Address:	
Preferred address for correspondence: <input type="checkbox"/> Home <input type="checkbox"/> Work	
Daytime phone:	Evening phone:
Fax Number:	Cell phone:
E-mail address (work)	E-mail address (home):
Current Position in Education (check all that apply):	
<input type="checkbox"/> Elementary Teacher <input type="checkbox"/> Secondary Teacher Elementary <input type="checkbox"/> Administrator <input type="checkbox"/> Secondary Administrator <input type="checkbox"/> College/University Educator <input type="checkbox"/> Other (describe below)	

Name: _____

Teaching assignments or courses taught within last 3 years (For higher education faculty—check all that apply):

☐ Undergraduate (describe coursework taught):

☐ Graduate (describe coursework taught, other than teacher preparation courses):

☐ Teacher preparation coursework taught:

☐ Teacher preparation coursework taught:

Total teaching experience (check all that apply and include years/dates of experience for each that you have checked):

<input type="checkbox"/> K-12 _____ yrs.	<input type="checkbox"/> College _____ yrs.
_____ dates	_____ dates

_____ dates

Highest level of education attained (include major or emphasis area for all boxes checked):		
<input type="checkbox"/> Bachelor's degree	<input type="checkbox"/> Master's degree	<input type="checkbox"/> Doctorate

☐ Doctorate

California teaching credentials held (check all that apply and include emphasis or added authorizations and year initially issued for all checked):

☐ Multiple subjects:

☐ Single subjects (list subject authorization/s):

☐ Pupil services credential (specify):

☐ Educational specialist credential (specify):

☐ Administrative services credential:

☐ Other:

☐ Other:

Professional organizations of which you are a member (please give full names—no acronyms):

Name:

PART 2: Bilingual Education Background and Expertise

Proficiency in languages other than English (check all that apply):

- | | | | | |
|---|-----------------------------------|------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Armenian | <input type="checkbox"/> Cantonese | <input type="checkbox"/> Hmong | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Khmer or Cambodian | <input type="checkbox"/> Korean | <input type="checkbox"/> Laotian | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Pilipino or Tagalog |
| <input type="checkbox"/> Portuguese | <input type="checkbox"/> Punjabi | <input type="checkbox"/> Spanish | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other/s (please list below): |

For K-12 educators: Of those languages checked above, please indicate for which of these languages you hold a bilingual certificate, authorization or credential issued by the Commission on Teacher Credentialing (CTC). Please indicate the type of bilingual certificate or authorization you hold, and the year of initial issuance:

Please describe any other relevant experiences and or achievements that might support your application to the bilingual certification panel. This can include committee work, civic and policymaking activities, family and parenting experiences, curriculum development activities, research, publications, etc. If necessary, you may respond on a separate piece of paper and attach to this form. (This is in addition to the attached résumé or curriculum vitae.):

(Include with the Application Form)

NOMINATION FORM

For the Bilingual Certification Advisory work group

Name of Nominee (include Dr./Mr./Ms.):	
Name of Nominator (include Dr./Mr./Ms.):	
Nominator's school, agency, or professional organization affiliation:	
Nominator's Work Address:	
Nominator's Home Address:	
Preferred address for correspondence (check all that apply): <input type="checkbox"/> Home <input type="checkbox"/> Work	
Daytime phone:	Evening phone:
Fax Number:	Cell phone:
E-mail address (work)	E-mail address (home):
<p>Please give reasons below (or in an attached letter) why you believe that the person you have nominated is qualified to serve on the Bilingual Certification Workgroup. If self-nominating, an attached letter can also serve as your statement of relevant experiences and achievements your application.</p>	
Signature of Nominator: _____ Date: _____	